

PROJECT 10073 RECORD CARD

1. DATE <u>4 March, 1964</u>	2. LOCATION <u>Beavercreek, Ohio</u>	12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input checked="" type="checkbox"/> Was Astronomical Venus <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local <u>2100</u> GMT <u>05/0200Z</u>	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar	
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE <u>Civilian</u>	
7. LENGTH OF OBSERVATION <u>5 minutes</u>	8. NUMBER OF OBJECTS <u>one</u>	9. COURSE <u>Stationary</u>
10. BRIEF SUMMARY OF SIGHTING Stationary object in West at 30 deg elevation. Observation on previous nights. Object described as a solid light. Just went out.		11. COMMENTS Venus in reported position only lower and setting at time of sighting. Object viewed on previous nights. Case evaluated as Venus.

34. Date you completed this questionnaire:

11/11/1967

Day

Month

Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

OFFICIAL FILE COPY

6 MAR 1964

6 Mar 1964

~~REDACTED~~
Dayton, Ohio 45432

Dear Mr. ~~REDACTED~~

Additional information is essential for evaluation of your sighting. Would you please complete the inclosed form and return it to Hq FTD (TDEW), in the envelope provided.

Thank you for reporting this unknown object to the Air Force.

Sincerely,

HECTOR QUINTANILLA, Jr
Captain, USAF
Chief, Aerial Phenomena
Branch

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UFO

~~Mr. [REDACTED]~~ called in
from Beavercreek at 2110, stating that
he observed the same thing that he
called in about the evening of the
4th. Did not want to repeat FTD
Form 164, as all data was the same.

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

4 March 1964
Day Month Year

2. Time of day: 2/00

Hour _____

Minutes _____

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Dayton, Ohio

Nearest Postal Address

Dayton

City or Town

Ohio

State or County

5. How long was object in sight? (Total Duration)

_____ 5 _____
Hours Minutes Seconds

<u>a.</u> Certain	<u>c.</u> Not very sure
<u>b.</u> Fairly certain	<u>d.</u> Just a guess

5.1 How was time in sight determined? watch

5.2 Was object in sight continuously? Yes ✓ No _____

6. What was the condition of the sky?

DAY

a. Bright
b. Cloudy

NIGHT

a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right
d. To your left
e. Overhead
f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight – pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

11.1 Compare brightness to some common object:

12. The edges of the object were:

(Circle One):

- a. Fuzzy or blurred
- b. Like a bright star
- c. Sharply outlined
- d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

14. Did the object disappear while you were watching it? If so, how?

Yes Just went off

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. If you answered YES, then tell what it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. If you answered YES, then tell what it moved in front of:

17. Tell in a few words the following things about the object:

a. Sound NCN 3

b. Color NCN C

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.

20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

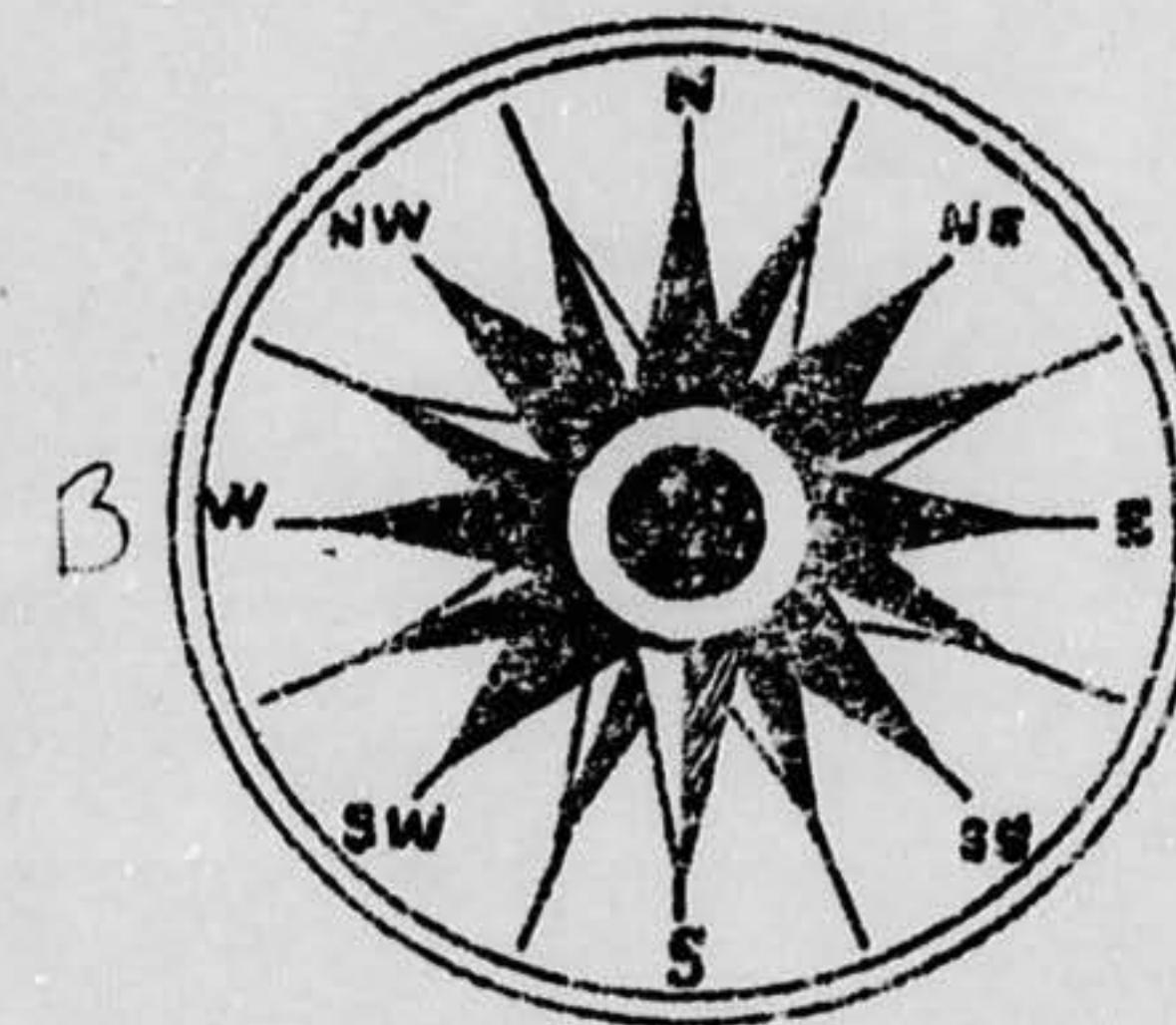
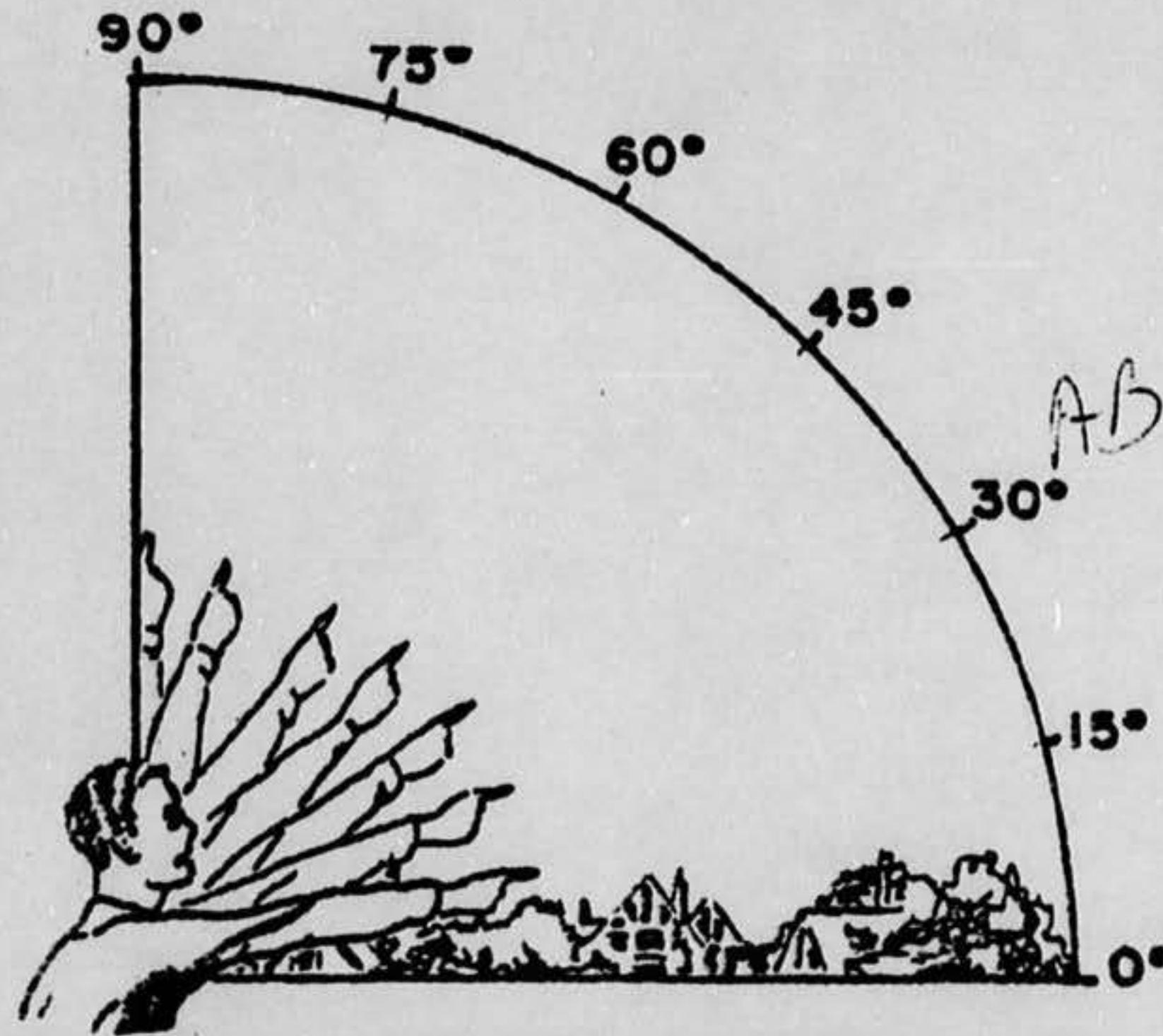
(Circle One) Yes No

25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	<input checked="" type="radio"/> No <input type="radio"/>	e. Binoculars	Yes	<input checked="" type="radio"/> No <input type="radio"/>
b. Sun glasses	Yes	<input checked="" type="radio"/> No <input type="radio"/>	f. Telescope	Yes	<input checked="" type="radio"/> No <input type="radio"/>
c. Windshield	Yes	<input checked="" type="radio"/> No <input type="radio"/>	g. Theodolite	Yes	<input checked="" type="radio"/> No <input type="radio"/>
d. Window glass	Yes	<input checked="" type="radio"/> No <input type="radio"/>	h. Other _____		

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

Mother saw, + the other
Thurs ngt

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

Dad, Mother, Sister SAW IT ALSO

32. Please give the following information about yourself:

NAME _____
Last Name _____ First Name _____ Middle Name _____

ADDRESS _____
Street _____ City _____ Zone _____ State _____

TELEPHONE NUMBER _____ AGE 16 SEX Male

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day 14 Month March Year 1961

FJD JD

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